

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044555

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 170

Primary Registration District No. —

Registrar's No. 193

FILED NOV 26 1963

VS 300
Rev. 4/59

10530

20300

3

4 0

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95400

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11

12 86-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE M. b. COUNTY Dallas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dove		Length of stay in 1b 11 days	c. CITY OR TOWN Windyville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dedar Grove Nrsgr. Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) _____
3. NAME OF DECEASED (Type or print) Harvey W. Blackwell		4. DATE OF DEATH Month November Day 15 , Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr. 25, 1909
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	9. AGE (last birthday) 54
11a. FATHER'S NAME Isiah Blackwell		11b. MOTHER'S MAIDEN NAME Stella Jones	12. CITIZEN OF WHAT COUNTRY USA
13a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give unknown) (If yes, give war or dates of) Yes WW II		14. NAME OF HUSBAND OR WIFE None	
15. SOCIAL SECURITY NO. _____		16. INFORMANT Gladys Williams Address Long Lane, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peptic ulcer & severe bleeding DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH one week
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rheumatoid arthritis			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> None	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 11/15/63		20f. CITY, TOWN, OR LOCATION Windyville, Mo.	
21. I attended the deceased from 11/15/63 to 11/15/63 and last saw him alive on 11/15/63 Death occurred at 9:25 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Stella L. Hays (Degree or title) MD		22b. ADDRESS Sebanon, Mo	
22c. DATE SIGNED 11/18/63 (State)		23a. BURNAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Nov. 17, 1963	23c. NAME OF CEMETERY OR CREMATORY Lone Rock Cemetery	23d. LOCATION (City, town, or county) Dallas County, Missouri	
24. FUNERAL DIRECTOR Montgomery Funeral Home/Bufalo, Missouri		25. DATE RECD. BY LOCAL REG. 11-21-1963	26. REGISTRAR'S SIGNATURE Stella L. Hays

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

DEC 10 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vernon H. Viets
Vernon H. Viets

Licensed Embalmer No. 5083
P. O. Address Buffalo, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit Not Issued H.S.H.